



DESIGNATION OF BENEFICIARY FORM FOR TIER 2 MEMBERS
(Please submit the original form and retain a copy for yourself.)

This designation of beneficiary form only takes effect if you die while an active member or if you elect the deferred pension option but die prior to being paid a pension. *This form will be used in cases involving an in-service death for a deceased member's refund of pension contributions and accrued interest. This form does not apply to retirees who are already receiving pension benefits (i.e. Service pension or disability pension) pursuant to the provisions of Tier 2. This form also does not apply to members who join DROP (Deferred Retirement Option Plan). There is a separate DROP beneficiary designation form to be completed by members who join DROP.* Each Tier has its own provisions on what beneficiaries are entitled to receive. Before completing this form, read the attached **"Member Information For Designation of Beneficiary Form Instructions For Tier 2 Only"** very carefully as they provide other important information regarding community property interest, domestic partners, minor and dependent children, and dependent parents.

1. MEMBER INFORMATION					
LAST NAME:	FIRST NAME:	MI:	SOCIAL SECURITY NUMBER: XXX - XX -		
STREET ADDRESS:			DATE OF BIRTH: / /	TELEPHONE:	
CITY:	STATE:	ZIP:	DATE OF HIRE: / /	ALTERNATE PHONE:	
E-MAIL:			DEPARTMENT (CHECK ONE): <input type="checkbox"/> LAFD <input type="checkbox"/> LAPD		
2. BENEFICIARY DESIGNATION (Your contributions will be divided equally among your primary beneficiaries, unless you indicate otherwise. If none of your primary beneficiaries survive you, your contributions will then be divided equally among your contingent beneficiaries. See attached instructions for additional information prior to completing this section.)					
PRIMARY 1 - BENEFICIARY NAME:		DATE OF BIRTH: / /	ADDRESS:		RELATIONSHIP:
SOCIAL SECURITY NUMBER (OPTIONAL):	E-MAIL:	TELEPHONE:		% OF BENEFIT (OPTIONAL):	
PRIMARY 2 - BENEFICIARY NAME:		DATE OF BIRTH: / /	ADDRESS:		RELATIONSHIP:
SOCIAL SECURITY NUMBER (OPTIONAL):	E-MAIL:	TELEPHONE:		% OF BENEFIT (OPTIONAL):	
PRIMARY 3 - BENEFICIARY NAME:		DATE OF BIRTH: / /	ADDRESS:		RELATIONSHIP:
SOCIAL SECURITY NUMBER (OPTIONAL):	E-MAIL:	TELEPHONE:		% OF BENEFIT (OPTIONAL):	
NOTE: Contributions will be divided equally unless percentage of benefit is specified.					
CONTINGENT 1 - BENEFICIARY NAME:		DATE OF BIRTH: / /	ADDRESS:		RELATIONSHIP:
SOCIAL SECURITY NUMBER (OPTIONAL):	E-MAIL:	TELEPHONE:		% OF BENEFIT (OPTIONAL):	
CONTINGENT 2 - BENEFICIARY NAME:		DATE OF BIRTH: / /	ADDRESS:		RELATIONSHIP:
SOCIAL SECURITY NUMBER (OPTIONAL):	E-MAIL:	TELEPHONE:		% OF BENEFIT (OPTIONAL):	
CONTINGENT 3 - BENEFICIARY NAME:		DATE OF BIRTH: / /	ADDRESS:		RELATIONSHIP:
SOCIAL SECURITY NUMBER (OPTIONAL):	E-MAIL:	TELEPHONE:		% OF BENEFIT (OPTIONAL):	
3. SIGNATURE - By signing below I make the designations set forth above and revoke any prior designation on file with the Plan.					
MEMBER'S NAME (PRINT)		MEMBER'S SIGNATURE		DATE / /	

THIS FORM SUPERSEDES ANY PREVIOUS BENEFICIARY FORM SUBMITTED TO LOS ANGELES FIRE AND POLICE PENSIONS.

(COMPLETE BOTH SIDES)

Active Member Services Section



Los Angeles

Fire & Police Pensions

TO SERVE THOSE WHO PROTECT

INSTRUCTIONS FOR TIER 2 BENEFICIARY DESIGNATION FORM

(Please read the following carefully before you designate a beneficiary)

1. **MEMBER INFORMATION** – This information is required to verify that you are a Tier 2 member. Tier 2 members are generally those hired or rehired on or after January 29, 1967 through December 7, 1980. Members who were originally in Tier 1 were allowed to transfer to Tier 2. Call Active Member Services at (213) 279-3140 if you are not sure of your membership tier.

2. **BENEFICIARY DESIGNATION** - **Please read the following carefully before you designate a beneficiary.** Should you die prior to retirement leaving no one qualified for a pension benefit pursuant to the provisions of Tier 2, and you do not have a beneficiary designation on file with the Plan, your pension contributions will be paid in the following order: 1) your surviving spouse or, if none, 2) your children or, if none, 3) your parents or, if none of these survive you, 4) your estate. If, however, you filed a beneficiary designation with the Plan, your contributions would be paid instead to any beneficiaries who survive you. If you are satisfied with the order in which your contributions would be paid as set forth in the Plan, you may not want to complete a beneficiary designation form. If your contributions must be distributed and you have a spouse or former spouse(s) with a community property interest in your contributions, the applicable community property portion will be paid to the spouse or former spouse(s) who are entitled to them.

If you are married and want to designate someone other than your spouse to receive your spouse's community property interest in your pension contributions in the event of your death, then your spouse must consent in writing to give up his/her community property interest in your pension contributions (see Spousal Consent/Community Property Waiver below).

If you want your domestic partner to receive your contributions, you must designate your domestic partner as your beneficiary. If you want to name a trust as beneficiary, you should name the trustee of your trust – i.e., "Trustee of (insert name of the trust)" –because your beneficiary must be a person. Do not designate the trustee by name because if you change trustees, your designation would no longer be valid.

Pursuant to Probate Code 5003, refunds will be distributed in accordance with specifications on your Beneficiary Designation unless the Plan has been served with a contrary court order or written notice of an adverse claim.

It is very important once you designate a beneficiary that you keep your beneficiary designation up to date, especially if your situation should change due to a marriage, dissolution, etc. Your beneficiary designation remains in effect until you complete a new beneficiary form.

3. **SIGNATURE** - Sign and date at the bottom of the first page, then turn to page 2 to complete the form. Return the original form to the Plan at:

**Los Angeles Fire and Police Pensions
Attn: Active Member Services Section
701 E. 3rd St.
Los Angeles, CA 90013
City Mail: Mail Stop 390**

4. **SPOUSE/DOMESTIC PARTNER** - If you are married, fill in the requested information, providing your spouse's name prior to your marriage. If you have a domestic partner, fill in the requested information. The Plan recognizes two types of domestic partners who are entitled to the same benefits as spouses who are married (although federal law does not recognize domestic partnerships—i.e. for tax purposes, etc.):

- **Plan-Registered Domestic Partner (PRDP).** This is a domestic partnership that is established when both partners file a confidential Declaration of Domestic Partnership **with the Plan (Los Angeles Fire and Police Pensions)**, provided all applicable eligibility requirements are met. Since this domestic partnership is only established for purposes of the Plan, a PRDP does not acquire any community property rights in pension contributions or other pension benefits payable from the Plan.

INSTRUCTIONS FOR TIER 2 BENEFICIARY DESIGNATION FORM (CONT.)

Also, if you (the member) want your PRDP to receive your contributions in the event of your death, you must designate him/her as your beneficiary (unlike a spouse or SRPD who would be paid under the Plan's provisions). Even if you have already filed an Affidavit of Domestic Partnership with the City of Los Angeles Personnel Department, you are still required to file a Declaration of Domestic Partnership with the Plan. **An Affidavit filed with the Personnel Department is not sufficient to establish a domestic partnership for pension benefit purposes.** Contact Active Member Services at (213) 279-3140 to request information and a declaration of domestic partnership, or you may download the form from our Web site at <http://lafpp.lacity.gov>.

- **State-Registered Domestic Partner (SRDP).** This is a domestic partnership that is established when persons who meet the state's eligibility criteria register as domestic partners with the State of California. This partnership is governed by state law and establishes a relationship in which, for most purposes, the domestic partners have the same rights as spouses, including community property rights. This partnership establishes community property interests in your contributions and other pension benefits as provided by state law. For information on filing with the Secretary of State, please visit their Web site at www.sos.ca.gov/dpregistry/. If your domestic partnership was registered with another state other than California, your document (s) will need to be reviewed and approved by the City Attorney's Office.
- 5. **PRIOR MARRIAGES** - Provide the name(s) of any former spouse(s). Write the name(s) your spouse(s) used prior to your marriage. Depending upon how the court disposed of the community property interest in your Plan benefits, your former spouse(s) may be entitled to a portion of any contributions paid from your account upon your death or if you get a refund of contributions. Any interest in your contributions awarded by the court to your former spouse belongs to him/her, not you.
- 6. **MINOR CHILDREN/DEPENDENT CHILDREN/DEPENDENT PARENTS** - List all natural and adopted children. If you have a child who became disabled from earning a livelihood prior to age 21, list that child as a "Dependent Child." If you have a parent who relies on you for at least half of his/her financial support, list that parent as a "Dependent Parent." Be aware that additional documentation is required to establish a child as a dependent child and a parent as a dependent parent. Refer to the section "A Word About Documentation."
- 7. **SPOUSAL CONSENT/COMMUNITY PROPERTY WAIVER** - Keep in mind that all contributions made during a marriage are community property under California state law. Your beneficiary designation is only good for your share of your contributions unless your spouse consents in writing that his/her share is also to go to your designated beneficiary. Your spouse does not have to consent to your designation. If your spouse does not consent, then your spouse would be paid his/her community property share in the event of your death and your beneficiaries would receive only your share of your contributions. If your spouse consents to your designation, then he/she waives the right to a community property portion of your contributions. Completion of a new beneficiary form voids any previous spousal waiver. Also, a spousal consent may be revoked by your spouse as provided in Probate Code Section 5031 at any time before, but not after, your death. **Note:** your spouse's signature on the spousal consent/community property waiver must be notarized or witnessed by a member of Fire and Police Pensions' staff.

A WORD ABOUT DOCUMENTATION

Before survivor benefits can be paid, applicable documentation such as marriage, birth, and adoption certificates are required. In addition, guardianship and/or conservatorship documents may be required before payment of benefits to certain dependents. If you are near retirement, you may want to provide us with the background information mentioned above. If you have dependent (disabled) child(ren) and dependent parent(s), contact the Disability Pension Section at (213) 978-4500 for information regarding the background documentation needed.

If you have any questions after reviewing this information, please contact the Active Member Services Section at (844) 885-2377 or (213) 279-3140.